Presenter Report Form

DPAC members please use this form to report back to DPAC the frequency with which you give this presentation. Submit this form each time you conduct this activity along with the completed evaluations you receive from presentation attendees.

Fax or mail to:	
	Kim Walsh Michigan Diabetes Prevention and Control Program 109 W. Michigan Ave Lansing, Michigan 48913 Tel: 517-335-8378 Fax: 517-335-9461
Presenter Informa	ition:
Name:	
Affiliation:	
Address:	
Fax:	
Event Information	:
Presentation Date:	
Brief Description of	event (setting, audience, etc.):
Number of attende Number of evaluati	es: ons received:
Additional Feedbac	ek:

Diabetes Partners in Action Coalition Contact: Kim Walsh at 517-335-8378